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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

The following charges are imposed on the medically needy for services: State: IDAHO

Effective Date /// /Vi	85	Approval Date ////8/85	Approval	Supersedes TH No.
	······································			
			<u> </u>	
Amount and Basis for Determination	rge Copay.	Type of Charge	Deduct.	Service

HCFA ID: 0053C/0061E

Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

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	State:	IDAHO
В.	. The method used to collect individuals:	cost sharing charges for medically needy
	// Providers are responsi from individuals.	ble for collecting the cost sharing charges
		providers the full Medicaid rate for services sharing charges from individuals.
c.		whether an individual is unable to pay the sich such an individual is identified to ow:

TN No. S-10 Supersedes TN No.

Approval Date 11/18/85

Effective Date 10/1

HCFA ID: 0053C/0061E